

Kentucky Dentists Disability Income Insurance Plan

This plan can help preserve your lifestyle if you suddenly can't work by providing a monthly income should a covered disability strike.

Summary of plan benefits

Disability Income Insurance can provide a monthly income should you become totally disabled and unable to work in your own occupation. Members may apply for up to \$10,500 per month, in increments of \$100, depending on age:

- Members under age 50 at the time of application may apply for up to \$10,500 per month
- Members age 50-54 at the time of application may apply for up to \$6,000/month, and 55-59 may apply for up to \$3,000/month
- You have the option of choosing a 30, 60, 90 or 180 day waiting period.

Plan includes own occupation protection

This plan pays full benefits if you are totally disabled due to sickness or injury and are unable to perform the substantial and material duties of your occupation and are receiving regular medical care and treatment from a duly licensed physician and are complying with their requirements as described in your policy.

Who is eligible

You are eligible to apply if you are a dentist under age 60 and are actively at work on a full-time basis for at least 30 hours per week. Acceptance may be subject to evidence of insurability as determined by MetLife. If a medical exam is required, it will be conducted at your convenience and at no cost to you.

Maximum Benefit Period

Benefits paid to the later of:

- Your Social Security normal retirement age;
- or the period shown below

Age on Date of Your Disability	Benefit Period
Less than age 60	to age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

Apply in minutes

1. Check the monthly benefit amount you want on the application.
2. Select your optional benefits.
3. Complete, sign, date and return your application.

There's no need to send a check today. We'll send you a premium notice upon acceptance.

Renewable to age 70

Coverage is renewable to age 70 as long as you pay your premium when due and continue to work in your own occupation.

Attractive plan benefits are included

Survivor benefit: Your beneficiary will receive a survivor benefit of up to three months if you die while totally disabled and had been disabled for at least 12 continuous months and receiving benefits.

Waiver of premium: If you become totally disabled before age 60 for six continuous months, the administrator will waive your premium payments for as long as you continue to receive benefits. When you stop receiving monthly benefits, premium must again be paid when due.

Residual (Partial) Benefits: If you suffer an income loss of at least 20% from your pre-disability earnings as a result of a covered disability and you are under age 65 you may qualify for residual (partial) disability benefits. The benefit amount will be at least 50% of the total disability benefit up to the first 6 months.

Effective date

Your coverage will begin following the date your application is approved and your premium has been paid. You must be actively at work on the date insurance is to take effect; otherwise, the insurance will take effect on the date you return to work. Issuance of coverage or benefit payments may depend on the answers given in the application.

Will this plan pay in addition to other coverage?

Yes, this plan pays in addition to any other insurance you have. The plan also stays with you until your coverage ends – even if you change jobs.

Semi-annual premiums

(based on 90 day waiting period)

Member's age	Monthly Benefit		
	\$3,000	\$6,000	\$10,000
Under 30	\$226.66	\$451.31	\$750.85
30-39	\$314.59	\$627.17	\$1,043.95
40-49	\$519.16	\$1,036.32	\$1,725.86
50-59	\$836.35	\$1,670.71	\$2,783.18
60-64*	\$833.08	\$1,664.15	\$2,772.25

* Rates for 60 and over are for renewal only. Coverage terminates at age 70.

Rates are subject to change. Rates are not fixed, but will adjust when insured reaches a new age bracket.

At age 65, monthly benefits for total disability in excess of \$2,200 will be reduced to \$2,200. For cost of benefit amount, please contact the plan administrator at 1-800-928-6421.

Exclusions and Limitations

1. War, whether declared or undeclared, or act of war, insurrection, or rebellion;
2. Service in the armed forces of any country or authority (in such event the pro rata unearned premium will be returned);
3. Your active participation in a riot;
4. Intentionally self-inflicted injury;
5. Attempted suicide; or
6. Commission of or attempt to commit a felony.

For total disability due to a mental or nervous disorder or alcoholism or drug addiction, monthly benefits will be paid for 24 months, or maximum payment period.

30-day free look

If you change your mind, you can return your policy within 30 days after receiving it and obtain a full refund of any premium paid.

Apply now for this special member offer – complete and return your application today.

If you have any questions or would like a premium for an age or amount not shown here, please call 1-800-928-6421.

Customize your plan with optional benefits¹

On the enclosed application, check any of the following optional benefits you would like your plan to include.

Cost of Living Adjustment Option (COLA) can increase your monthly benefits for total and residual disability. Please see the certificate of insurance for details.

Semi-annual premium for COLA per \$1,000 monthly benefit:

Total & Residual Disability				
Under 30	30-39	40-49	50-59	60-64
\$18.50	\$32.00	\$73.50	\$122.50	\$64.50

Administered by:



Attention: Enrollment Department

1 Integrity Parkway

Cleveland, OH 44143-1500

800-928-6421 9am – 7pm ET

Fax: 502-425-3127

Email: memberservices@selmanco.com

Underwritten by:



Metropolitan Life Insurance Company

200 Park Avenue

New York, NY 10166

¹ There may be additional charges. Please contact your plan administrator for additional details.

Like most insurance policies, insurance policies offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please your plan administrator for costs and complete details.

Policy number 159308-G

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